

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586381

APPLICANT(S)

CLAIMS

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

1

1

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1

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1

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1

8

1

9

1

10

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50

TOTAL  
IND.

1

1

18

18

19

19

PTO - 1360 (REV. 11/04)

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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